

<input type="checkbox"/>	
<input type="checkbox"/>	b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
<input type="checkbox"/>	c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
<input checked="" type="checkbox"/>	d. The injured worker resigned or was terminated from employment: File within 10 days.

**Part III INJURED WORKER INFORMATION**

11. Injured worker name		12. SSN (last 4 digits)		13. DOI	
14. Injured worker mailing address and phone #					
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)			16. First day of additional lost time or reduced wages (mm/dd/yyyy)		
17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? If yes, the date of the 8 <sup>th</sup> day (mm/dd/yyyy)					yes <input type="checkbox"/> no <input type="checkbox"/>
18. Date of most recent RTW		19. Has the injured worker resigned, been terminated or died? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
<input type="checkbox"/> Full duty, full pay		date of resignation		date of termination	
<input type="checkbox"/> Limited duty, full pay		19a. Reason for resignation/termination			
<input type="checkbox"/> Limited duty, reduced pay		19b. Was the injured worker on limited duty when terminated?		yes <input type="checkbox"/> no <input type="checkbox"/>	
20. Hours the injured worker was working during the pay period of			21. Weekly/hourly earnings for the pay period of		
to : hours per week			to : \$ weekly or \$		

**DWC FORM-6**  
**Supplemental Report of Injury**

DWC requires the reporting of all Return to Work and Post-Injury Change of Earnings. An injured worker is entitled to temporary income benefits if he/she has disability (defined as the inability to work, or the inability to earn wages equivalent to pre-injury wages, as a result of the injury) and has not reached